MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5020 63-021469 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	8122		5/10/63
3			
4	2		
5	0		
6			
7	1		
8	1		
9			
10			
11			
12	84-0		
13			

84

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF

DOCUMENT

FILED MAY 17 1963

1. PLACE OF DEATH
a. COUNTY ~~St. Louis~~

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois COUNTY Madison

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
Length of stay in 1b: 1 day

c. CITY OR TOWN Madison
Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Children's Hospital
Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 607 Mererdocia
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Cecil Middle Lamont Last Darden

4. DATE OF DEATH: Month 5 Day 7 Year 63

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10-22-62

9. AGE (last birthday): IF UNDER 1 YEAR Months 6 Days; IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City, State or Country): Illinois East St. Louis, Ill.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Printes Darden

13b. MOTHER'S MAIDEN NAME: Roberta Cox

14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: St. Louis 10, Missouri Ann Pryo 500 So. Kingshighway

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Diarrhea and Dehydration
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Bronchopneumonia
DUE TO (c) 491 x
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION — OK L. Taylor Coroner 5-9-63

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-6-63 to 5-7-63 and last saw him alive on 5-7-63
Death occurred at 5:20 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Francis M. Henderson MD

22b. ADDRESS 500 So. Kingshighway St. Louis 10, Mo.

22c. DATE SIGNED 5-7-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 5/11/63

23c. NAME OF CEMETERY OR CREMATORY Sunset Gardens of Memory

23d. LOCATION (City, town, or county) (State) Stookey Township, St. Clair, Illinois

24. FUNERAL DIRECTOR ADDRESS 2114 Missouri Avenue East St. Louis, Ill. Marvin Offutt

25. DATE RECD. BY LOCAL REG. MAY 9 1963

REGISTRAR'S SIGNATURE Roland Smith M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Marion C. Offutt

Licensed Embalmer No. 5127

P. O. Address Ft. Lauderdale

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.